



Dart Hawkesbury  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D5275-041**  
**Job Sheet 162986**



Part No: D5275-041

Job Qty: 4 ea

Part Name: Door Latch Assembly



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 10/2/17

Job Tracking No:

Due Date: 10/31/17

Created By: Linda Lacelle

Type: Stock

Description:

Note: DWG REV A IPP REV:A 15.09.24 NEW ISSUE DD VERF:JLM

Ship Via:

### Bill of Materials

| Part/Part Name                      | Part Note                                                                               | Serial No | Quantity | Location |
|-------------------------------------|-----------------------------------------------------------------------------------------|-----------|----------|----------|
| D5275-041<br>Door Latch<br>Assembly | DWG REV A IPP REV:A 15.09.24 NEW ISSUE DD VERF:JLM                                      |           | 0.000    |          |
| D3015-7<br>Lock Nut                 | DWG REV C IPP: A 01.06.08 New Issue SM IPP rev :B 11.01.06 CHG Supplier p#<br>DD vef:EC |           | 0.000    |          |
| D5275-1<br>Door Latch               | DWG REV A IPP REV:A 15.09.24 NEW ISSUE DD VERF:JLM                                      |           | 0.000    |          |

### Job Routing

| Op No | Operation          | Qty   | Due Date | Standard  |         | Workcenter/Supplier   |              |
|-------|--------------------|-------|----------|-----------|---------|-----------------------|--------------|
|       |                    |       |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time    |
| 90    | Start up Operation | 4 Ea  | 10/30/17 | 0.00      | 0.00    | Start up container    | DAS          |
| 120   | Packaging          | 4 pcs | 10/30/17 | 0.00      | 0.00    | Packaging1            | 36           |
| 130   | Small Fab          | 4 pcs | 10/31/17 | 0.00      | 0.69    | Small Fab             | 9-80 DAS     |
| 140   | QC                 | 4 pcs | 10/31/17 | 0.00      | 0.00    | QC5                   | 38           |
| 150   | Packaging          | 4 pcs | 10/31/17 | 0.00      | 0.00    | SHSD Packaging3       | 9-80         |
| 160   | QC21-SA            | 4 Ea  | 10/31/17 | 0.00      | 0.00    | QC21                  | MLJ 17-11-02 |

Part Op 120 - Pick Kit

Descriptions: 130 - 1- Drill out existing threads to 0.191" 2- Counterface as per Dwg 3- Assemble Lock Nut to Hinge. Leave Latch Unlocked. \*\*\*Ensure key is bag with latch and gasket\*\*\*

140 - QC5- Inspect part completeness to step on W/O

150 - Identify as per dwg & Stock Location:\_\_\_\_\_ \*\*\*Ensure key is bag with latch\*\*\*

160 - QC21- Final Inspection - Work Order Release

### Job Allocations

| Operation             | Component Part    | Required | Inventory | Allocated | Std Qty |
|-----------------------|-------------------|----------|-----------|-----------|---------|
| 90-Start up Operation | D3015-7 - F144974 | 4        | 0         | 0         | 0       |
|                       | D5275-1 - F137353 | 4        | 0         | 0         | 0       |

### Part Specifications

Specifications could not be found.

**DART**  
AEROSPACE  
**S000944**

**Dart Aerospace Ltd.**  
1270 Aberdeen Street  
Hawkesbury, ON K64 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com



**Door Latch Assembly**

**PART NO: D5275-041**

**Revision:**

**Operation:**

**Quantity:**

**Change No:**

**Start up Operation**

**4**

**Mfg Date: 10/18/17**

**Job No: 162986**

**\*162986\***

Page 1

**\*N900040100\***

Setup Start \*NS1\*

Stop **\*NS2\***

**Cust Item ID:**

**\*4\***

**\*4\***

**Customer:**

DAS

21

9-53

**Approvals:** \_\_\_\_\_ **Process Plan:** 9-89 **Date:** JUN 20 2017

**Tooling:**

**Date:**

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_

**Date:**

**SPC (Y/N):**

Date:

Stop **\*NR2\***

[illegible]



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                         |  |                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                        |  |
|-------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|
| Work Order: <u>162986</u><br>Part No. <u>D5275-041</u><br>NCR No. _____ |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input checked="" type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input checked="" type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |                                                                        |  |
| Date : _____                                                            |  | Step #: _____                                                                                                                                                                             |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QSI042) Approval                                                  |  |
| Description Work Order Deviation                                        |  |                                                                                                                                                                                           |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                        |  |
| One latch been damage during process.                                   |  |                                                                                                                                                                                           |  | SCRAP<br>Replace by D5275-1<br>P137353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                        |  |
|                                                                         |  |                                                                                                                                                                                           |  | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 17/10/18 <span style="color: blue;">DAS 36 9:30</span>                 |  |
|                                                                         |  |                                                                                                                                                                                           |  | Lead Hand / Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Approval Verification<br><span style="color: blue;">DAS 30 9:30</span> |  |
|                                                                         |  |                                                                                                                                                                                           |  | QC / QA Coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Approval<br>OCT 17 2017                                                |  |

  

| Root Cause                                        |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                                |  |  |
|---------------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|------------------------------------------------|--|--|
| Environment <input type="checkbox"/>              | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>      |  |  |
| Design <input type="checkbox"/>                   | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>    |  |  |
| Doc/Data <input type="checkbox"/>                 | Offset/Set-up <input type="checkbox"/>         | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/>  |  |  |
| Equip/Tooling <input checked="" type="checkbox"/> | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>        |  |  |
| Handling/Pre <input type="checkbox"/>             | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>     |  |  |
| Material <input type="checkbox"/>                 | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | <input checked="" type="checkbox"/> Part Moved |  |  |
| Internal Transport <input type="checkbox"/>       | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>               |  |  |
| Tribal Knowledge <input type="checkbox"/>         | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>                |  |  |
| LOA <input type="checkbox"/>                      | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>               |  |  |
| Substation <input type="checkbox"/>               | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>      |  |  |
| Past Expiry Date <input type="checkbox"/>         | Manufacturing Process <input type="checkbox"/> |                                                 |                                                            |                                                |                                                |  |  |
| Misidentified <input type="checkbox"/>            | Past Due <input type="checkbox"/>              | OTHER : _____                                   |                                                            |                                                |                                                |  |  |

Tuesday, June 20, 2017 10:48:19 AM

Page 2

**Accept**

Setup Start \*NS1\*

Stop \*NS2\*

**Start Date:** 6/20/2017      **Start Qty:** 4.00

**\*4\***

**Cust Item ID:**

**Required Date: 7/12/2017      Req'd Qty: 4.00**

**\*4\***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/  
Work Center ID

### Operation Description

### Set Up/ Run Hours

**Tool ID****Tool #****Plan  
Code**

**Accept  
Qty**

Reject  
QtyReject  
Number

**Insp.  
Stamp**

150

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00

**\*150\***

### Packaging

## Memo

0.04

### Packaging

\*\*\*Ensure key is bag with latch\*\*\*

160

QC21- Final Inspection - Work Order Release

0.00

**\*160\***

QC

## Memo

0.40

### Quality Control

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. 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Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. 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| <table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;"><b>Root Cause</b></td> <td colspan="3" style="text-align: center;"><b>FAULT CATEGORY</b></td> </tr> <tr> <td style="width:15%; vertical-align: top;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </td> <td style="width:15%; vertical-align: top;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </td> <td style="width:20%; vertical-align: top;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </td> <td style="width:20%; vertical-align: top;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </td> <td style="width:20%; vertical-align: top;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input 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type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions 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type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning 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# Picklist Print

Tuesday, June 20, 2017 10:48:24 AM

Page 1

Work Order ID: 162986

**\*162986\***

Parent Item: D5275-041

**\*D5275-041\***

Parent Item Name: Door Latch Assembly

Start Date: 6/20/2017

Required Date: 7/12/2017

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A 15.09.24 NEW ISSUE DD VERF:JLM

| Component Item ID/<br>Item Name           | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status |
|-------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|----------------|--------|
| D3015-7<br><b>*D3015-7*</b><br>Lock Nut   |                        | Manufactured  | No          |                     |                  | 120             | Each               | 102.0000       | 1           | 4               |               |                |        |
|                                           |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |                 |               |                |        |
|                                           |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                           |                        |               |             | ST015               |                  |                 |                    | 102            |             |                 |               |                |        |
|                                           |                        |               |             |                     | 144974           |                 |                    | 102            |             |                 |               |                |        |
| D5275-1<br><b>*D5275-1*</b><br>Door Latch |                        | Manufactured  | No          |                     |                  | 120             | Each               | 41.0000        | 1           | 4               |               |                |        |
|                                           |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |                 |               |                |        |
|                                           |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                           |                        |               |             | ST488a              |                  |                 |                    | 41             |             |                 |               |                |        |
|                                           |                        |               |             |                     | 137353           |                 |                    | 41             |             |                 |               |                |        |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Set-up <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                        |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |